

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-weight: bold; margin: 0;">09/965668</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%; margin: 0;"></div>	
				Applicant(s) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 0;"></div>			
7-22-04				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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48							
49							
50							
Total Indep	4		7		11		
Total Depend							
Total Claims							